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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	A080 US
First Named Inventor	Browning
<b>COMPLETE IF KNOWN</b>	
Application Number	10/077,137
Filing Date	February 15, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Baff Receptor (BCMA), An Immunoregulatory Agent

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/US00/22507	PCT	08/16/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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60/181,684	02/11/2000	
60/183,536	02/18/2000	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address below

Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

City Cambridge	State MA	ZIP 02142
----------------	----------	-----------

Country USA	Telephone (617) 679-3795	Fax (617) 679-2838
-------------	--------------------------	--------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name Browning (first and middle [if any])	Family Name or Surname Jeffrey
--	--------------------------------

Inventor's Signature 	Date 4/29/02
--	--------------

Residence: City Brookline	State MA	Country 02146	Citizenship US
---------------------------	----------	---------------	----------------

Mailing Address 32 Milton Road

Mailing Address

City Brookline	State MA	ZIP 02146	Country US
----------------	----------	-----------	------------

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name Ambrose (first and middle [if any])	Family Name or Surname Christine
---	----------------------------------

Inventor's Signature 	Date 4/29/02
--	--------------

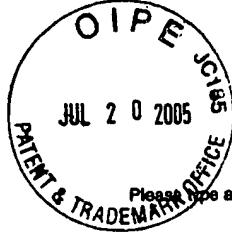
Residence: City Reading	State MA	Country US	Citizenship US
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Mailing Address 197 Wakefield Street

Mailing Address

City Reading	State MA	ZIP 01867	Country US
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/02A (3-97)

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_\_ of \_\_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MacKay		Fabienne					
Inventor's Signature							Date
Residence: City	Vaucluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
Post Office Address							
City	Vaucluse	State	NSW	ZIP	2030	Country	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Tschopp		Jurg					
Inventor's Signature							Date
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10 chemin des Fontannins						
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH
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Given Name (first and middle [if any])		Family Name or Surname					
Schneider		Pascal					
Inventor's Signature							Date
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Thompson		Jeffrey					
Inventor's Signature	<i>Jeffrey Thompson</i>						<i>8/29/02</i> Date
Residence: City	Stoneham	State	MA	Country	02180	Citizenship	US
Post Office Address	60 Newcomb Road						
Post Office Address							
City	Stoneham	State	MA	ZIP	02180	Country	02180
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Group Art Unit	
Examiner Name	

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Baff Receptor (BCMA), An Immunoregulatory Agent

(Title of the Invention)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label  OR  Correspondence address below

**Name** Timothy P. Linkkila

**Address** BIOGEN, INC.

**Address** 14 Cambridge Center

<b>City</b> Cambridge	<b>State</b> MA	<b>ZIP</b> 02142
-----------------------	-----------------	------------------

<b>Country</b> USA	<b>Telephone</b> (617) 679-3795	<b>Fax</b> (617) 679-2838
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR :</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
---	---	--	--

<b>Given Name</b> Browning (first and middle [if any])	<b>Family Name</b> or Surname	Jeffrey	
---	----------------------------------	---------	--

<b>Inventor's Signature</b>	Date
-----------------------------	------

<b>Residence: City</b> Brookline	<b>State</b> MA	<b>Country</b> 02146	<b>Citizenship</b> US
----------------------------------	-----------------	----------------------	-----------------------

<b>Mailing Address</b>	32 Milton Road
------------------------	----------------

<b>Mailing Address</b>	<b>City</b> Brookline	<b>State</b> MA	<b>ZIP</b> 02146	<b>Country</b> US
------------------------	-----------------------	-----------------	------------------	-------------------

<b>NAME OF SECOND INVENTOR:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
---------------------------------	---	--	--	--

<b>Given Name</b> Ambrose (first and middle [if any])	<b>Family Name</b> or Surname	Christine		
--	----------------------------------	-----------	--	--

<b>Inventor's Signature</b>	Date
-----------------------------	------

<b>Residence: City</b> Reading	<b>State</b> MA	<b>Country</b> US	<b>Citizenship</b> US
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<b>Mailing Address</b>	197 Wakefield Street
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<b>Mailing Address</b>	<b>City</b> Reading	<b>State</b> MA	<b>ZIP</b> 01867	<b>Country</b> US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MacKay		Fabienne					
Inventor's Signature	<i>F. MacKay</i>						<i>04/31/2002</i> Date
Residence: City	Vaucluse	State	NSW	Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens						
Post Office Address							
City	Vaucluse	State	NSW	ZIP	2030	Country	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Tschopp		Jurg					
Inventor's Signature							Date
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
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Inventor's Signature							Date
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Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Thompson

Jeffrey

Inventor's Signature

Date

Residence: City

Stoneham

State

MA

Country

02180

Citizenship

US

Post Office Address

60 Newcomb Road

Post Office Address

City

Stoneham

State

MA

ZIP

02180

Country

02180

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Name **Timothy P. Linkkila**

Address **BIOGEN, INC.**

Address **14 Cambridge Center**

City <b>Cambridge</b>	State <b>MA</b>	ZIP <b>02142</b>
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Country <b>USA</b>	Telephone <b>(617) 679-3795</b>	Fax <b>(617) 679-2838</b>
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**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

Given Name <b>Browning</b> (first and middle [if any])	Family Name or Surname <b>Jeffrey</b>
---	--

Inventor's Signature	Date
-------------------------	------

Residence: City <b>Brookline</b>	State <b>MA</b>	Country <b>02146</b>	Citizenship <b>US</b>
----------------------------------	-----------------	----------------------	-----------------------

Mailing Address **32 Milton Road**

Mailing Address  
**Brookline MA 02146**

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name <b>Ambrose</b> (first and middle [if any])	Family Name or Surname <b>Christine</b>
--	--

Inventor's Signature	Date
-------------------------	------

Residence: City <b>Reading</b>	State <b>MA</b>	Country <b>US</b>	Citizenship <b>US</b>
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Mailing Address **197 Wakefield Street**

Mailing Address  
**Reading MA 01867**

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Tschopp			Jurg				
Inventor's Signature	<i>J. Tschopp</i>					Date	<i>May 1<sup>st</sup> 2002</i>
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Schneider			Pascal				
Inventor's Signature	<i>P. Schneider</i>					Date	<i>May 1 2002</i>
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address							
Post Office Address							
City	Epalinges	State		ZIP	Ch-1066	Country	CH

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Thompson			Jeffrey				
Inventor's Signature						Date	
Residence: City	Stoneham	State	MA	Country	02180	Citizenship	US
Post Office Address	60 Newcomb Road						
Post Office Address							
City	Stoneham	State	MA	ZIP	02180	Country	02180
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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